

Adverse Event Record

Participant ID	Adverse Event Description (Check if none) <input type="checkbox"/>	Date of Onset			Date of Resolution Check if ongoing or enter date if resolved			Duration If less than 24 hours List number of Seconds (S) Minutes (M) Hours (H)	Severity 1=Mild 2=Moderate 3=Severe 4= Very Severe	Serious 0=No 1= Yes	Relationship to Supplements 1=none 2=remote 3=possible 4=probable 5=highly probable	Action Taken 1=none 2=Pt. Dc'd 3=intervention interrupted	Outcome 1=recovered 2=AE persists, no treatments 3=AE persists, treatment 4=died
		DD	MM	YYYY	√	DD	MM						

AE Log
 Study Title:
 PI:
 IRB #:
 IRB Approval Date: